

# SIGNATURE CARD/MEMBERSHIP APPLICATION

**MEMBER  
NUMBER** \_\_\_\_\_

For Credit Union Use Only

**SOCIAL SECURITY #** \_\_\_\_\_

**LAST NAME**

**FIRST NAME**

**INITIAL**

**MAILING ADDRESS**

**DATE OF BIRTH**

**CITY**

**STATE**

**ZIP CODE**

**HOME PHONE**

( )

## Reason you qualify for membership in the designated area:

(Please check one and provide name and telephone number of the one checked)

☐ **Live**

☐ **Work**

☐ **Worship**

☐ **Go to School**

Name of →

**Employer**

**House of Worship**

**School**

Phone Number of →

202-

202-

202-

I hereby make application for membership in the Community Trust Federal Credit Union, a branch of the Department of Veterans Affairs Federal Credit Union and agree to conform to its bylaws and amendments thereof and subscribe for at least one share. Under penalty of perjury; I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as result of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. Please strike out the language in item (2) if you have been notified that you are subject to backup withholding and have not received a notice from the Internal Revenue Service advising you that backup withholding has been terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**APPROVED BY MEMBERSHIP OFFICER** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Joint Share Account Agreement

Community Trust Federal Credit Union, a branch of the Department of Veterans Affairs Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter, paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulation thereon, except dividends when payment is made by check; are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal of receipt of an of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. In the event a check is drawn in payment of dividends earned by shares in this joint account, the joint owners of this account further agree that said Credit Union is authorized to draw the check to the order of the member-owner whose signature appears on the reverse side of this card. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made.

## SIGNATURES

**Member Signature**

**Date of Birth**

**Joint Owner #1 (Please Print)**

**Joint Owner #1 Signature**

**Social Security #**

**Date of Birth**

**Joint Owner #2 (Please Print)**

**Joint Owner #2 Signature**

**Social Security #**

**Date of Birth**

**Complete the application, detach and deliver or mail to the Credit Union along with a minimum deposit of \$50.**